

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 APR 17 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082414

1. Entity Name
CREATIVE CHOICE HOMES VII, INC.



Principal Place of Business
4243D.NORTHLAKEBLVD.
PALMBEACHGARDENS,FL33410

Mailing Address
4243D.NORTHLAKEBLVD.
PALMBEACHGARDENS,FL33410

DK



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0460361

Applied For
Not Applicable

5. Certificate of Status Desired **X** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROT, DILIP
4243 NORTHLAKE BLVD.
SUITE D
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SVP
NAME	WEIR, JOHN F
STREET ADDRESS	4243-D NORTHLAKE BLVD.
CITY-ST-ZIP	PALM BEACH, FL 33410
TITLE	S
NAME	KAKKAR, YASH PAL
STREET ADDRESS	4243-D NORTHLAKE BLVD.
CITY-ST-ZIP	PALM BEACH, FL 33410
TITLE	DTP
NAME	BAROT, DILIP
STREET ADDRESS	4243-D NORTHLAKE BLVD.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/06--01030--021 **158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Yash Pal Kakkar, Secretary** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/06 (561) 627-7988

Date Daytime Phone #